

TOTAL REHAB

HARLINGEN CLINIC
595 Sesame Dr. West
Tel: (956) 428-5440
Fax: (956) 428-3375

BROWNSVILLE CLINIC
1300 Wildrose Lane
Tel: (956) 542-2845
Fax: (956) 548-9019

Patient's Name: _____ Contact Phone #: _____

DX (ICD-10): _____

_____ **EVALUATE & TREAT** **Frequency:** _____ Times per week **Duration:** for _____ weeks

_____ **Physical Therapy**

_____ Vestibular Therapy

_____ Hand Therapy

_____ Balance/Gait Training

_____ Prosthetic Training

_____ Aquatic Therapy

_____ Work Conditioning

TEST PERFORMED:

_____ Functional Capacity Evaluation (FCE)

Providers of: MEDICARE, MEDICAID, TEXAS HEALTH SPRING, PHYSICIANS HEALTH CHOICE, CARE IMPROVEMENT PLUS, TRICARE, WORKERS COMP, AETNA, BLUE CROSS/BLUE SHIELD AND MOST PRIVATE INSURANCES.

Comments: _____

Physician's Signature: _____ Date: _____